

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-676)**

SERIAL NO.  
**440620**  
APPLICANT(S)

FILING DATE  
**11-15-99**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1						
2						
3						
4						
6						
6						
7						
8						
9						
10						
11						
12						
13						
14						
16						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
36						
36						
37						
38						
39						
40						
41						
42						
43						
44						
46						
46						
47						
48						
49						
60						
TOTAL	4					
TOTAL	39					
DEF.						

43

	INO.	DEF.	INO.	DEF.	INO.	DEF.
61						
62						
63						
64						
66						
66						
67						
68						
69						
69						
69						
69						
70						
71						
72						
73						
74						
76						
76						
77						
78						
79						
80						
81						
82						
83						
84						
86						
86						
87						
88						
89						
90						
91						
92						
93						
94						
96						
96						
97						
98						
99						
100						
TOTAL						
INO.						
TOTAL						
DEF.						

Best Available Copy